of furunculi, and it explains the so-called predilection of boils for certain places on the body. The neck, the waist, the buttocks, become readily the seat of boils, because pressure and friction are exerted upon these points by tight-fitting and closely pressed clothing, aided by the motions of the body.

Pustules and furuncles occur at other parts of the body, like the lip, the chin, the eyelids, and ears, because these points are subjected to repeated irritation and rubbing from the patient's hands.

That a tendency to furuncles is manifest in certain cachexiæ, cannot be denied. The same diatheses favor the formation of phlegmons and abscesses, and the conclusion is justifiable that such bodies offer a better soil for the growth of staphylococci. In many cases, however, in which the multiplication of furuncles suggests the thought that some constitutional complaint is the foundation for their occurrence, a closer investigation shows that the inner man is sound, and the treatment of the disease by cleanliness and rest has demonstrated that there were only two factors in the causation of the disease, viz., the presence of the staphylococci on the skin, and their being rubbed into the hair follicles.

PYÆMIA FROM ACUTE OTITIS MEDIA.

REINHARD and **LUDEWIG** report two cases of pyæmia resulting from acute otitis media (*Archiv für Ohrenheilkunde*, Bd. 27, February, 1889; Report of Ear Clinic in Halle).

The first case, one of otitis media acuta, on the left side, in a man, twenty-four years old, resulted in a secondary inflammation of the mastoid cells, pyæmia, and a metastatic gluteal abscess of enormous size. Recovery ensued in four months. The inflammation of the ear was due to a severe cold and sore throat. In a month from the initial symptoms of cold, the symptoms of the gluteal abscess set in, the ear having been the seat of acute inflammation in the meantime. In four months the patient was discharged from the hospital entirely cured, excepting a persistent perforation in the membrana tympani. In the second case, a man, twenty-five years old, a severe pyæmia followed an acute otitis media. The patient had nearly recovered from the inflammation in his ear when an imprudence in eating induced fever and headache. The mastoid became inflamed, and was trephined. There then ensued a period of three months of fever and light chills at intervals. Great emaciation ensued, and there occurred metastases in both eyes (septic retinitis and multiple retinal hemorrhages) with an abscess in the left shoulder-joint and in the muscles of the upper arm. Finally, recovery of hearing and health occurred in the course of five months from the time of the first angina and otitis media.

TREATMENT OF OTORRHŒA BY MEANS OF POWDERED BORIC ACID.

This article, by **DR. MEYER**, of Copenhagen (*Annales des Mal. de l'Oreille*, February, 1889), is one setting forth some of the objections to the employment of powdered boric acid in the treatment of otorrhœa. It is, in fact, a review of the *pros* and *cons* of the subject since boric acid was first introduced to otological work by Bezold, of Munich, in 1880. Most of the objections can be traced to the improper use of this valuable antiseptic, though it is doubtful whether some of the evils attributed to its misuse can be really substantiated, as, for instance, the increase in the frequency of mastoid disease since the introduction of boric acid in the treatment of ear disease.

It can be unhesitatingly and most positively asserted that powdered boric acid should not be used in acute otitis media, nor in chronic suppurations of the tympanic cavity with perforation in the flaccid membrana (membrane of Shrapnell). The same may be said of any other powdered medicament employed in the same aural diseases.

It may, however, be employed with the very best results in cases which have passed the acute stage, with large perforation in the membrana tympani in its inferior part, and in which the discharge is slight, and the muous membrane smooth. It should always be used in very small quantities.

Dr. Mayer concludes his article by stating that "the surgeon may, with entire safety, treat every chronic otorrhœa with powdered boric acid when there is a free escape for the pus, if he is careful to use only small quantities at a time, and examine his patient daily. Before insufflation of this powder, the ear should be washed out with care, and dried by means of sterilized cotton. This treatment should never be confided to the patient, nor to his attendants; the physician must do it, with the above-named cautions.

Lupus of the Middle and Internal Ear.

Lupus not uncommonly spreads from the skin of the face to the auricle, but it is very uncommon to find that lupus has passed from the nasopharyngeal mucous membrane, *viâ* the Eustachian tube, to the cavity of the middle ear and thence to the internal ear. A case of this nature, however, is reported by Dr. Gradenigo, of Padua (*Gazetta degli Ospitali*, 1888, and *Annales des Maladies de l'Oreille*, February, 1889). The patient was a man, who died of pulmonary tuberculosis, complicated by a profound laryngo-pharyngeal stenosis, and numerous centres of lupus on his face, body, and limbs. The neoplasm had involved the right auricle, the skin and mucous membrane of the nose, the skin of the lips, etc., and the mucous membrane of the vault of the palate, of the velum, the tongue, the larynx, the pharynx, the left Eustachian tube, and the middle and internal ear on the left side. In addition, the mucous membrane of the frontal and sphenoidal sinuses was infiltrated and swollen.

Post-mortem examination revealed entire destruction of the left membrana tympani, and invasion of the mastoid cavity by a neoplasm mostly of round cells. This same tissue extended into both the fenestræ and the internal ear. There was no trace of the malleus; there were portions of the body and long process of the anvil left. The stapes was imbedded in the aforesaid round-cell tissue. Its head was gone, and the connection between it and the incus was destroyed.

The neoplasm had invaded the internal ear in three ways: 1. By the round window. 2. By the oval window. 3. After erosion of the thin osseous wall separating the Fallopian canal from the summit of the external semicircular canal, the neoplasm had invaded a portion of the perilymphatic space of the latter.